



UNIVERSITY OF GONDAR
COLLEGE OF MEDICINE AND HEALTH SCIENCES
SCHOOL OF PUBLIC HEALTH

Perception and associated factors of High School Students towards
Voluntary HIV Counseling and Testing, using Health Belief Model in
Woldia town, North Wollo, North East Ethiopia, 2011

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ACRONYMS

- AIDS = Acquired Immuno Deficiency Syndrome
- HIV = Human Immuno Deficiency Virus
- VCT= Voluntary Counseling and testing
- KAP= Knowledge, Attitude and practices
- PLWHAS= People Living With HIV/AIDS
- PMTCT= Prevention of Mother to child Transmission
- IDU= Injecting Drug Users
- FP= Family Planning
- STD= Sexual Transmitted Disease
- STI= Sexual Transmitted infection
- JUNP= Joint united nations program
- MOH= Ministry of health
- WHO= World Health organizations
- UNAIDS= joint united nations program on HIV/ADS
- HBM = Health belief model
- SSA= Sub Saharan Africa
- ARV= Anti retroviral therapy

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Summary

Introduction: HIV/AIDS is the most dramatic epidemic of the century that has claimed over two decade more than 3 million deaths. Sub Saharan Africa is heavily affected and accounts for nearly 70% of all cases. In 2008, more than 33 million people globally had HIV/AIDS, 67 percent of whom were in Africa. By 2020, the number of infected people in Africa will grow to over 30 million; with just 7 million of the approximately 12 million who should be treated under current guidelines likely able to receive ART, is estimated.

Ethiopia is one of the sub Saharan countries highly affected by HIV/AIDS pandemic. According to the 2007 Ministry of Health report, the adult prevalence of HIV infection in Ethiopia was estimated at 2.1% where most of the burden occurring among the young age group (4). .

Objective: The objective of this study is to asses the Perception of HIV/AIDS & Voluntary HIV Counseling and Testing & factors that assumed to contribute low uptakes of VCT by using Health Belief Model among High School Students of Woldia town, North Wollo.

Methods: A cross sectional Quantitative study will be carried out on a sample of 582 students selected by employing stratified and simple random sampling procedure from a total of 3946 students in Woldia high school. Data on socio demographic factors and key perception variables, using a pre test self-administered Amharic version structured questionnaire will be used to collect relevant information and then Data analysis will be done using EPI INFO & SPSS statistical packages. Finally based on the study finding conclusion and feasible recommendation will be given.

Work plan: All activities of the research project is expected to be conducted January to May 15, 2011.

Budget: Over all estimated cost of the project is 10,814.00 Eth. Birr.

1 - Introduction

1.1. Statement of the problem

The youth is characterized by strength and vitality which are often viewed as being at high risk for HIV due to their propensity to engage in exploratory behavior and their needs for peer social approval and their sense of non-vulnerability. This predispose the young to a high level of involvement in sexual activities and the attendant risks such as unwanted pregnancy, abortion and infection with Sexually Transmitted Diseases(1)

The human immunodeficiency virus (HIV) has created an enormous challenge worldwide. Since its recognition, HIV has infected close to 70 million people, and more than 30 million have died due to acquired immunodeficiency syndrome (AIDS). More than 66% of the 40 million people living with HIV/AIDS are in sub-Saharan Africa, where AIDS is the leading cause of death (2).

In 2008, more than 33 million people globally had HIV/AIDS, 67 percent of whom were in Africa. In addition, more than 90 percent of the 2.7 million new infections reported that year occurred in Africa, and only half of Africans who should have received ART according to World Health Organization guidelines then in place were treated. By 2020, the number of infected people in Africa will grow to over 30 million, with just 7 million of the approximately 12 million who should be treated under current guidelines likely able to receive ART is estimated (3).

In Ethiopia HIV/AIDS started spreading just after the recognition of the first case in 1986. Currently HIV has already infected many Ethiopians and the prevalence rate has been estimated to be high. This puts the country among the group with highest levels of infection in Africa.(4) According to the 2007 Ministry of Health report, the adult prevalence of HIV infection in Ethiopia was estimated at 2.1% where most of the burden occurring among the young age group(4). The HIV/AIDS pandemic poses a threat to the development of Ethiopia as an estimated 977,394 people are living with the virus, 898,350

are orphaned due to AIDS and 258,264 were in need of ART in 2007. The overall HIV incidence estimate in adult population of Ethiopia in 2007 was 0.28% (5).

Most of those infected already are unaware of their status and so represent a pool capable of transmitting the virus to new uninfected individuals. Sooner or later all those infected will eventually develop AIDS and die as a result. Formal education on sexual matters is inadequate or non existing or provided too late in adolescent and thus will continue to be sexually active with all the associated anxieties and risks including unwanted pregnancies and sexually transmitted disease including HIV/AIDS.(4)

To prevent the spread of HIV & mitigate its impact, the HIV/AIDS policy developed by the Ethiopian Government on 1998, calls for information, education & communication program to inform the population about the risk of infection and to encourage people to adopt protective behaviors. Presently strategic planning that initiated multi sectoral approach and Decentralization of the control program and voluntary counseling and testing is being implemented in the country (6).

VCT is an essential component of Comprehensive HIV/AIDS program. It is from the foundation of VCT that other prevention, care & support Services emerge. Providing support and care for people who are infected and affected individuals. From studies in Ethiopia lack of perception of being at risk, no consideration for VCT, afraid of positive result and fear of stigma were some of the reasons for not demanding VCT(7)

Examining and understanding those factors (determinants) associated with VCT service utilization is vital and timely activity to facilitate HIV prevention. However there is no adequate data on perceptions of youth about VCT on HIV/AIDS from students at high school in Woldia town. Therefore, this study will try to asses the perception and associated factors of youth in Woldia senior secondary & preparatory school on voluntary counseling & HIV/AIDS testing.

1.2. Literature review

Good health is an essential condition to meaningful national development. HIV/AIDS is a threat to life, thus individuals need to know their HIV status through testing. This is necessary because such a test helps to reduce transmission and involvement in risky sexual behaviors. It also promotes early treatment and adjustment. HIV/AIDS counseling involves educating a client or group of clients on the control, management and prevention of HIV/AIDS. Counseling assists people to make informed decisions, cope better with life challenges, lead positive lives and prevent further transmission of HIV. Voluntary Counseling and Testing can be defined as a confidential face-to-face interaction between a professional counselor and a client or a group of clients with a view of assisting the clients to make informed decisions and adjust effectively in life. HIV/AIDS counseling consists of three stages, which are pre-test counseling, post-test counseling and follow up (8)

Views of HIV testing and counseling, in particular within public health discourse, have varied over time. Initially, with limited treatment options, the test was seen predominantly as a means of identifying potential transmitters of the infection. In the face of treatment inefficacies, some saw it as a disease control measure with the emphasis on enabling partner notification. Others saw it as preventive education—leading to the identification of individuals whose behavior may put them at increased risk. With debates about the functions of the test, many individuals were discouraged from seeking the test. In the late 1990s, because of the promise of new and effective treatment options and the potential of early detection of HIV, the HIV test became more normative. With this, the role of the test as an educational tool has continued to evolve. In the midst of debate and the evolution of HIV testing and counseling, different policies and practices have developed and coexist. Despite this, in North America and most of the developed world, HIV testing retains prominence as an explicit part of HIV prevention (9).

Young people are at high risk of becoming infected with HIV for many reasons, including: Young people, especially young women, are vulnerable due to their age, gender and other contextual factors. The ability of young women to protect themselves from HIV is

frequently compromised by a combination of biological factors, lack of access to HIV information, services and commodities, and disempowering, often exploitive, social, cultural and economic conditions. Other factors that contribute to young women's vulnerability to HIV include sexual coercion, gender-based violence, age-disparate and transactional sex, inadequate law enforcement, weak family and social protection mechanisms and financial insecurity. Some of these factors affect young men as well, compelling many young people, regardless of sex, to make difficult and risky choices. And another behavior that put young people at risk of HIV – including injecting drugs, sex work and male-to-male sex – are often stigmatized and illegal in many countries, making it more difficult for young people to find, or be reached by, essential HIV prevention and treatment services. Complicating matters even further, young people who engage in these behaviors often experience more stigma, and discrimination (10).

Results of the study in South Africa showed that participants had different levels of knowledge about HIV/AIDS and VCT, and that AIDS was still strongly associated with 'death'. Results further demonstrate that HIV/ AIDS related stigma is still a very serious problem. Lack of HIV/ AIDS related knowledge, blaming persons with HIV/AIDS for their infection, and the life-threatening character of the disease were seen as the most important determinants of AIDS-related stigma. The main benefit to go for VCT was 'knowing the HIV status', whereas main barriers for testing were 'fear of being stigmatized' and 'fear of knowing the HIV positive status' (11).

Only a small number (4.2%) of the students thought that VCT is not necessary with 47.8% said it to be against the religious teachings. A large proportion (65.8%) of the students knew VCT sites in Sengerema district but only a few (24.3%) of them ever used available VCT services. Of those who ever used VCT services (32.7%) were just interested in knowing their HIV status and to get HIV education and only a small number (6.2%) of students used VCT services because they were pressurized by their spouses. For those who never used VCT services (41.8%) said they feared being labeled as HIV positive and 34.9% said these services were not meant for students. It was also observed in this study that VCT services were more accepted among female students than male students (12).

The research results indicate that young people go for VCT mainly to know their HIV status. The availability of VCT services and the provision of VCT Services by peers motivate young people to access VCT. Some young people do not access VCT services due to fears of being found HIV positive and because of the poor attitudes of the health service providers. Providing more information about VCT, involving young people as VCT providers, using youth friendly health service providers, providing VCT in a separate room for young people and through mobile services will increase young people's access to VCT services in Malawi(13).

A study done in Ghana showed that 76% of the sampled women reported no prior HIV counseling and 78% had never undergone any HIV testing. The study also indicated that the majority of the respondents were not accessing the available VCT services. It was also found that education, prior HIV testing and history of Sexually Transmitted Diseases (STDs) promoted respondents' acceptance of VCT (9).

In Ethiopia, from a study done in Harar town Out of the total 720 study subjects 615(85.4%) had intention of having VCT which was about 86% of male and 84.4% of female study subjects [14]. Also from a study done among youth in Addis Ababa high school 86% were willing to have VCT [15]. According to a community-based study done in northwest Ethiopia, the level of knowledge about HIV/AIDS seems to be high among the study community. However, there are still wrong interpretation & misunderstanding about modes of transmission & preventive methods.

The majority, 96.7% of them had heard about VCT services from different sources. Radio was the main source of information access in 97% of the respondents, 65% from television, and 25% from friends, 20% from school. Even if majority of the respondents believed that VCT is important, some of the students (35.4%) reported that it is not easy to undergo VCT. but only 118(18.5%) of the students had undergone VCT. Eighty two percent of the students were willing to undergo VCT (16).

Regarding their attitude and practice towards VCT, 118 (18.5%) used VCT service, of those who underwent VCT males and females counted 10.8% and 7.7% respectively. Majority of the students 99 (83.9%) reasoned out why they underwent VCT was just to know their current health status while 9 (7.6%) did for marriage purpose. Students Willingness to VCT was assessed, 526(82.3%) of the respondents responded that they were willing, while the rest 112 (17.5%) were not. The reason for not undergoing VCT was fear of anxiety following the result was reported in 50(45.5%) and in 22(19.6%) was due to fear of stigma and discrimination by the society. Students were asked whether VCT was important or not, 318 (49.8%) of respondents thought that to undergo VCT was very important. Even if majority of the respondents believed that VCT is important, some of the students (35.4%) reported that it is not easy to undergo VCT (16).

A school based cross-sectional study was conducted in Gondar; Northwest Ethiopia to determine the sero prevalence of HIV infection and to assess Knowledge, attitude and practice related to HIV/AIDS. A total of 565 students were included in the study. The sero prevalence of HIV infection was 1.1%. Sexual contact with commercial sex worker or non-regular partner was reported by 16.7% of the students. Only 58.5% of those who practice sex used condoms. History of sexually transmitted diseases was reported by 10.7% of the sexually active students. The majority (96.6%) reported unprotected sex, unsafe blood transfusion, contaminated needles and mother to child transmissions as common ways of HIV transmission. Abstinence, faithfulness to one's partner and use of condom as means to prevent transmission of HIV was responded by 84.1%, 60.4% and 41.8% of the students, respectively. Over 82% demanded screening for HIV as a precondition for marriage and 97.2% agreed to have a VCT service (17).

Knowledge about HIV and AIDS are essential preconditions to reducing HIV infection. A look at the global situation, however, reveals significant deficits in HIV knowledge among young people: only three countries – Namibia, Swaziland and Rwanda – had achieved over 50% in the level of comprehensive knowledge among both young men and young women by the end of 2008. Globally, less than 40% of young men and women have complete and accurate knowledge about HIV transmission, far short of the 95% target set

out for 2010. In developing countries (excluding China), only 30% of young men and 19% of young women aged 15 to 24 have comprehensive knowledge on HIV (11).

A study conducted in South Africa has revealed that the level of perceived HIV risk was fairly low: among males, 58% perceived no risk and 31% small risk; the proportions among females and males were 60% and 29% respectively. Only 5% of males and females perceived their risk as great (18).

Perception of personal susceptibility to HIV was quite low. Only one participant in ten perceived the risk of acquiring HIV infection from one unprotected sexual encounter as greater than 50%, although about 6 in 10 students perceived HIV as a problem in Nairobi. Furthermore, the perceived effectiveness of using condoms to prevent HIV was also relatively low (19).

A case study done in Nigerian youth shows those students with low self-perception of HIV infection felt they did not have a need for behavioral change or to do HIV testing. Those with high self-perception were not inclined to reduce risky behavior or to seek voluntary counseling and testing (20). Worries about contracting HIV and self-perceived risk can serve as a motivation for adolescents to change behaviors that place them at risk to HIV. In Uganda, the majority of adolescents - especially the females are very worried about the possibility of getting infected with HIV. On average, among the 15–19-year-olds, about 72% of the females compared to 55% of the males expressed this opinion. Overall, at least 40% of adolescents perceived themselves to be at great risk of contracting HIV (54% versus 48%). About one in five adolescents (14 %.) believed that, they were at no risk at all to HIV (21).

Numerous pressures arise for girls and boys to engage in sexual activity, not the least being their emerging sexual desires. Biological, social and economic pressures may encourage young people to have sex, while tradition, a sense of morality, and religious and family pressure are likely to discourage them from engaging in sex. There are many factors that affect the sexual behavior of young people directly and indirectly. Due to lack

of adequate knowledge about sexual reproductive health information and appropriate guidance, the vast majority of young people make unrealistic decisions about initiating sexual activity in their early teens, without understanding their vulnerability to problems such as teenage pregnancy, unsafe abortion, STIs, HIV/AIDS drop out from the school and separation from their family(22)

Young people who are sexually active are not in a stable sexual relationship and may have frequent changes of partner. They are often ignorant of the health risk of their sexual behavior, and they may have poor access to health care services. In addition, they are sensitive to messages from the media and other sex focusing films and magazine. Those who are engaged in drug use (including alcohol) may become more vulnerable to sexual related infections including HIV. These facts help to explain why in many countries 60 percent of all new HIV infections are among 15-24 years old. The highest rates of STIs are usually found in the age range of 20-24 years, followed by 15-19 years (23)

In general, it is believed that slightly more of those in-schools have access to education on HIV prevention. (JUNP on HIV/AIDs, 2004). And even among those who know about HIV/AIDS, perceptions of personal risk are some times at odds with reality. Therefore, It is important, to gain an understanding of the young with an elevated risk of HIV/AIDS. The current study considers the utility of the health belief model (HBM) as a framework for predicting The Perceptions of youth on VCT.

Health Belief Model:

The Health Belief Model (HBM) is a psychological model that attempts to explain and predict health behaviors. This is done by focusing on the attitudes and beliefs of individuals. The HBM was first developed in the 1950s by social psychologists Hochbaum, Rosenstock and Kegels working in the U.S. Public Health Services. The model was developed in response to the failure of a free tuberculosis (TB) health screening program. Since then, the HBM has been adapted to explore a variety of long- and short-term health behaviors, including sexual risk behaviors and the transmission of HIV/AIDS.

Core Assumptions and Statements

The HBM is based on the understanding that a person will take a health-related action (i.e., use VCT) if that person:

1. feels that a negative health condition (i.e., HIV) can be avoided,
2. has a positive expectation that by taking a recommended action, he/she will avoid a negative health condition (i.e., using VCT will be effective at preventing HIV), and
3. Believes that he/she can successfully take a recommended health action (i.e., he/she can use VCT comfortably and with confidence).

The HBM was spelled out in terms of four constructs representing the perceived threat and net benefits: perceived *susceptibility*, perceived *severity*, perceived *benefits*, and perceived *barriers*. These concepts were proposed as accounting for people's "readiness to act." An added concept, *cues to action*, would activate that readiness and stimulate overt behavior. A recent addition to the HBM is the concept of *self-efficacy*, or one's confidence in the ability to successfully perform an action. This concept was added by Rosenstock and others in 1988 to help the HBM better fit the challenges of changing habitual unhealthy behaviors. (24)

1.3. Justification

HIV infection accounts for more than 50% among young people aged 15-24 world wide. More than 7,000 young people are newly infected with HIV each day throughout the world. In Africa alone an estimated 1.7 million young people are infected annually. Youth are particularly vulnerable to HIV because of the strong influence of peer pressure, and the development of their sexual and social identities, which often leads them to risky behavior. Preventing HIV among young people is particular urgent in sub Saharan Africa. Some countries are now acknowledging the importance of targeting youth in their HIV prevention & care strategies and include VCT for youth in their agenda.

Some studies in Ethiopia lack of perception being at risk, no consideration for VCT a afraid of positive result and fear of stigma were some of the reason for not demanding VCT, so examining and understanding factors associated with VCT service utilization are vital & timely activity to facilitate HIV prevention efforts, However, there was no adequate data on perception to wards VCT & HIV/AIDS among school youth in North Wollo Zone where this study will be conducted

.

Therefore this study will assess the Perception of high School Students in Woldia town about HIV/AIDS and VCT. The outcome of this study will serve as a base line for future intervention measure & for further study in the area.

2 - Objective

General objective

To assess the perception and associated factors of Woldia high school students towards VCT by using Health Belief Model, North east, Ethiopia, 2011

Specific objectives

- To determine students perception towards HIV/AIDS infection.
- To determine the students perceptions towards VCT.
- To identify associated factors towards perception of VCT.

3- Methods

3.1. Study design

A school based cross-sectional quantitative study will be conducted in Woldia town, South Wollo Zone, Amhara Regional state from February, 2011 to April, 2011.

3.2. Study area

The study will be conducted in Woldia town, which is found 520 km Northeastern away from Addis Ababa and 420 km from Gondar. It is the capital of North Wollo Administrative zone. According to the information obtained from Woldia city Administration office, the current (2010) population of the town estimated is 52,163, out of which 25,999 are male and 25,164 are females.

In the town, there are one high schools and preparatory school and also there are one zonal Hospital, one health center and, two private and two NGOs clinics represent the public health service. These health services are providing VCT services in the town.

3.3. Source and study population

3.3.1. Source population

All students registered in senior secondary school for the academic year 2010/2011 will be the sources of population.

3.3.2. Study population

The sampled students from the source population from each grade during the study period will be study population

3.3.3. Inclusion criteria

All students present in class at the time of study.

3.3.4. Exclusion criteria

Those students who are seriously ill and transfer to other schools or dropout will not be included in the study.

3.4. Sample size and sampling procedures

3.4.1. Sample size determination

The Sample size is determined using single population proportion formula considering the following assumptions:

p = an estimated maximum demand rate of VCT, 0.85

(based on study done in Harar)

$Z^2 \cdot 1 - p / 2$ = Critical value at 95% confidence interval (1.96))

d = the margin of sampling error to be tolerated (0.04)

$$n = \frac{Z^2 \cdot 1 - p / 2 \cdot p(1-p)}{d^2}$$

$$n = \frac{(1.96)^2 \times (0.85) (0.15)}{(0.04)^2} = 306$$

And multiplying by design effect (2), n= 612

And using the correction formula the final sample was

$$\begin{aligned} n_f &= \frac{n_i}{1 + \frac{n_i}{N}} \quad \text{Where } n_i = \text{Initial sample size} \\ &\quad n_f = \text{final sample size} \\ &\quad N = \text{source population} \\ &= \frac{612}{1 + \frac{612}{3946}} = 529 \end{aligned}$$

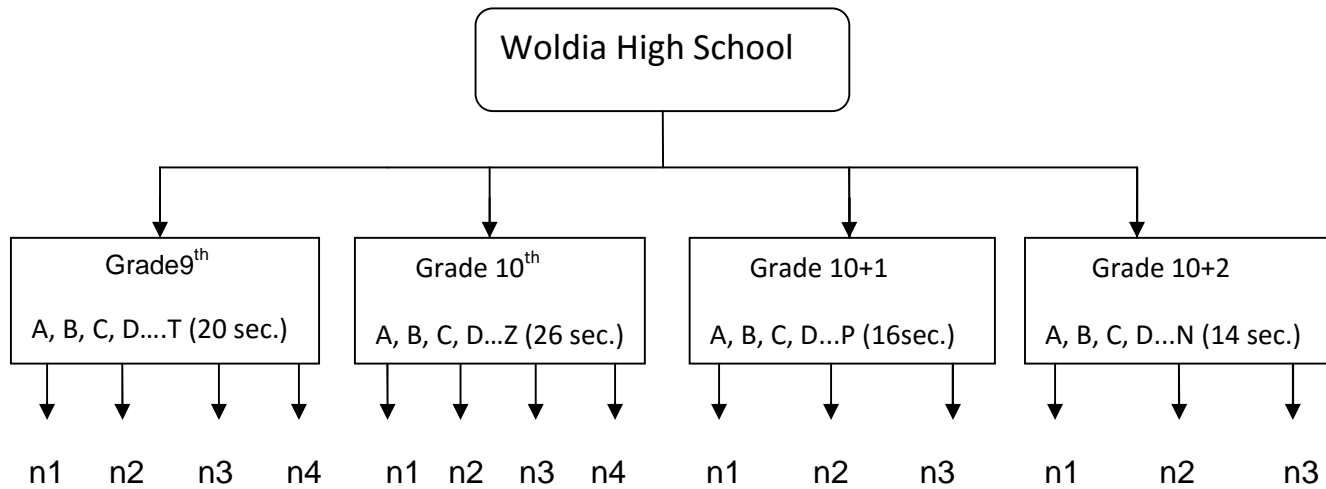
$n_f = 529$,adding 10% non response rate(53)

$$n_f = 582$$

3.4.2. Sampling procedures

A stratified sampling techniques will be employed to distribute the sample size to each grades by an assumption of they are heterogeneous. Cluster sampling technique also will be used to cluster the sections from each grade and the clusters will be selected randomly. Three to four clusters will be selected to reach the sample size. The High school consists of grade 9, 10, 10+1, 10+2 and there is sections in each grade labeled as A, B, C, D, E..... Eg . 9th A, 9thD, 10th B, 10thF, 10+2th E. The number of study subjects included in each grade will be proportionally allocated. Then sections to be included in

each grade will be selected based on simple random sampling (Lottery method). Students from the selected section will be taken and assembled in a room and make them to fill out the questionnaire in the presence of the facilitators.



N=582

Figure 1: Schematic presentation of sampling of students

3.5. Variables of the study

3.5.1. Dependant variable

- Willingness to undergo VCT

3.5.2. Independent Variables

- Socio demographic variables such as, age, sex, educational status , place of residence.
- Perceived susceptibility
- Perceived severity
- Perceived benefits,
- Perceived barriers.
- Self- efficacy an Cues to action

3.6. Operational definitions

1. **Perceived susceptibility** – each individual has his or her own perception of the likelihood of experiencing a condition that would adversely affect one's health.
 - Four items were included related to susceptibility of the respondents to HIV/ AIDS. Response options were arranged on a five point likert scale of strongly agree to strongly disagree. The mean score was summed and those who scored below the mean value were categorized as having low risk of getting HIV/ AIDS
2. **Perceived severity / seriousness** – refers to the belief, a person holds concerning the effects a given disease or condition would have on one's state of affairs.
 - Three items were included in this variable which respondents state the seriousness of getting HIV/ AIDS. The response options were arranged on a five point score. The score ranges from strongly agree to strongly disagree. The mean score was calculated. Those respondents who scored below the mean value were categorized as having low perception towards the severity of HIV/ AIDS
3. **Perceived benefits of taking action** – taking actions towards the prevention of disease or towards dealing with an illness.
 - This variable consists of five items that suggest VCT is an effective way of preventing the transmission of the virus. The responses options will be on a five point likert scale ranging from strongly agree to strongly disagree. Responses were summed into mean score. Those who scored below the mean value indicating lower perception of benefits.
4. **Perceived barriers to take action** – However, actions may not take place, even though an individual may believe that the benefits to take action are effective. This may be due to barriers related to the characteristics of a treatment or preventive measure may be inconvenient, expensive, unpleasant, painful or up setting. These characteristics may lead a person away from taking the desired action.
 - This variable also consisted of three items, which, among others, suggested that undergoing VCT is embarrassing, expensive.
5. **Cues to action** – an individual's Strategies to activate "readiness". Benefits (minus barrier) provide the force for action.
6. **Self-efficacy** - Beliefs about one's ability to perform the recommended response.

- Three items were included in this variable to assess the self-efficacy such as confidence to using VCT. The score ranges from strongly agree to strongly disagree. The mean score was calculated. Those who scored below the mean were taken as having low efficacy.

3.7. Data collection procedures

3.7.1. Data collection instrument

A pretested, structured, self administered questionnaire will be administered. First the questionnaire is prepared in English and it will be translated in to Amharic language and will again be re- translated back to English to check for consistency of meaning. Modifications will be done depending on the finding. In both cases translation of questionnaire will be done by language experts.

3.7.2. Data collector

Data collectors will be recruited from Woldia hospital Nurses, they can work both as a data collector and as a facilitator. The selection will be made with the help of the hospital administrative staffs. One day training will be given for data collectors and the issue of confidentiality and privacy will be stressed during the training session and they will participate on pre-testing of the questionnaire after their training. Data collectors will be supervised by two instructors from Woldia Nursing school staffs and problems faced during data collection will be solved on time. And all the finished questionnaires will be signed by supervisors after checking for its completeness.

3.7.3. Data quality control issues

Training will be given for supervisors and the data collectors. The questionnaire will be pretested on 5% of the sample (totally 29 participants) by the trained data collector to check for any ambiguity and to make corrections accordingly. The data collection procedures will be supervised closely and then the collected data will be checked for completeness, Clarity and consistency by the principal investigator. Before analysis the data will be cleaned thoroughly to check for errors during entry.

3.7.4. Data processing and analysis

The data will be coded and entered into EPI info statistical package. Then the data will be transformed & analyzed by SPSS version 16.0 package To describe the characteristics of the study population, Frequency tables, graphs and summery statistics will be used. Associations between dependent and independent variables will be assessed and its strength will be presented using odds ratios and 95% confidence intervals. Both bivariate and multivariate logistic regression will be used to assess the association between outcome and explanatory variables.

4. Ethical consideration

Ethical clearance letter will be obtained and official letter will be written to district education office after the proposal is approved by the institutional reviewing board (IRB) of University of Gondar and then letter of support will be obtained from district education office as well as respective high schools and preparatory schools. The study subjects will be informed about the aim of the study and verbal consent will be obtained from each participant. To assure confidentiality names will not be written on the questionnaire and Respondents will also be informed that they have a full right to refuse or discontinue participation at any time they want. Information will be recorded anonymously and confidentiality will be assured

5. Dissemination of result

The findings of the research will be submitted to the school of public health as partial fulfillment to the MPH, to responsible bodies in zonal health department and for those private health sectors that are responsible in giving VCT services in the town. The findings will be presented in different seminars, meetings and workshops and will be disseminated through publication in a scientific journal. It will also be released to Zonal education department and district education office and to the high schools and preparatory schools

4. Work plan of the study

Phases	Activities	Personnel	January				February				March				April				May				June			
			Weeks				Weeks				Weeks				Weeks				Weeks				Weeks			
			1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1	Topic selection	P.I																								
2	Proposal writing	p. I																								
	Ethical clearance	p. I																								
	Securing fund (Preparation of supplies and tools)	p. I																								
3	Personnel training & pre test	p. I																								
	Data collection & super vision	Data coll.																								
	Data coding, entry, checking,	.																								
	Data analysis & result writing	p. I																								
	Final thesis report	p. I																								
4	Public defense	p. I																								

5. Budget/cost of the research project

Stationary

Items	Unit	Quantity	Unit cost	Total cost
Notebook	Each	6	15.00	90.00
Eraser	Each	6	2.00	12.00
Pen	Each	7	2.50	17.50
Pencil	Each	7	1.00	7.00
Sharpener	Each	7	5.00	35.00
Staples	Pack	7	10.00	70.00
CD(RW)	Each	2	25.00	50.00
Photocopy paper	Pack	6	100.00	600.00
Duplicating paper	Ream	6	100.00	600.00
Duplicating ink	Each	2	1000.00	2000.00
Sub total				3481.00

Personnel cost - Training and pretest

	No	No of days	Perdiem	Total cost
Supervisor	2	2	150.00	600.00
Data collector	5	2	70.00	700.00
Typist	1	-----	-----	1000.00
Sub total				2300.00

Data collection

	No	No of days	Perdiem	Total cost
Principal investigator	1	20	150.00	3000.00
Data collector	5	3	70.00	1050.00
Subtotal				4050.00

Budget summary

No	Description	Total cost(ETB)	
1	Stationeries and consumables	3481.00	
2	Personnel cost	Training and pretest	2300.00
		Data collection	4050.00
3	Contingency (10%)	983.00	
4	Grand total	10814.00	

6. References

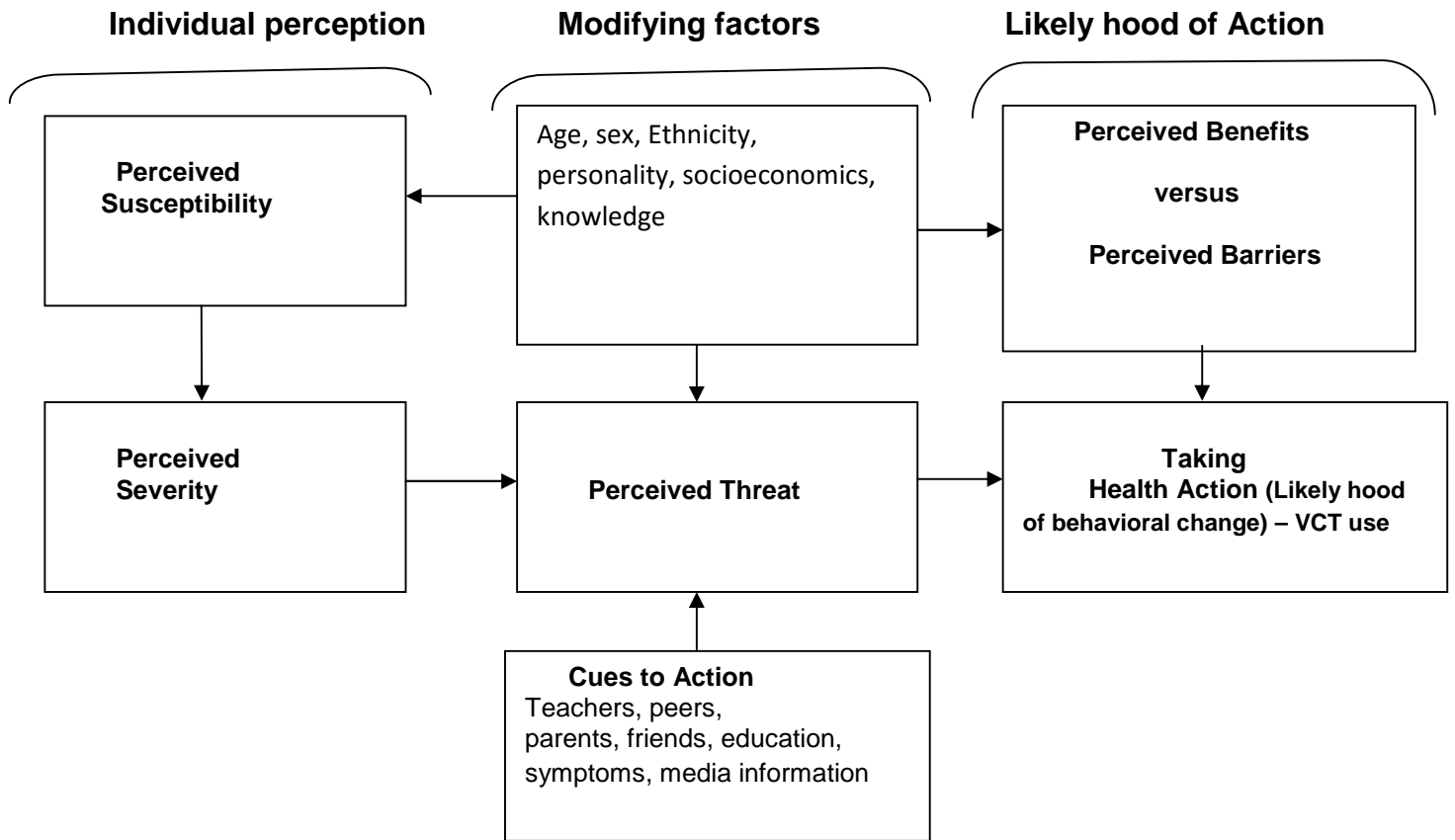
1. The Joint United Nations Programme on HIV/AIDS, 2004

2. Federal HIV/AIDS Prevention and Control Office, Federal Ministry of Health, July 2007
3. Disease prevention and control department, ministry of health, AIDS in Ethiopia, Fourth edition, October 2002
4. Ministry of Health. Single point HIV prevalence estimate, Addis Ababa, June 2007.
5. HAPCO. National HIV/AIDS policy, Addis Ababa, 2005
6. Tefera B. Chali J. (2004), HIV sero prevalence among urban and rural community in Jimma hiotown and its surrounding, Jimma zone south west Ethiopia, EJHS; 14;44-45
7. Getachew Wondimagegn, factors associated with VCT service in Gurage zone, SNNPR, EOHA 2004; 43-44
8. L. A. Yahaya¹, A. A. G. Jimoh and O. R. Balogun (2010), Factors hindering acceptance of HIV/AIDS Voluntary Counselling and Testing (VCT) among youths in Kwara State, Nigeria, Journal of AIDs and HIV, 2(7):138-143
9. Myers T, Catherine, Worthington, H. Dennis, et al, HIV testing and counseling: test providers' experiences of best practices, AIDS Education and Prevention, 15(4), 309–319, 2003
10. Joint Action for Results UNAIDS Outcome Framework: Business Case 2009–2011
11. Annemarie E., Arjan E. R. Bos, et al, fear of stigmatization as barrier to voluntary HIV counselling and testing in south africa, East African Journal of Public Health, 2008; 5 (2):49
12. Sukari .o, Barriers and attitudes towards HIV Voluntary Counselling and Testing (VCT) among Secondary School of Sengerema in Mwanza, official publication of the Tanzania Medical Students association, 2007/08
13. Caroline J, factors that motivate young people aged 14 – 25 years to go for voluntary counseling and testing for HIV malawi, <http://hdl.handle.net>, june 2006
14. Mohammed F. Factors relating to VCT among 15 – 49 years urban community of Ethiopia MPH thesis DCH, AAU 2000.
15. Debesay T., Mengesha A., report on the determinants of VCT among youth in high school. Ethiopian health Feb. 2005
16. Abebe A., Mitikie G., Perception of High School Students towards Voluntary HIV Counseling and Testing, using Health Belief Model in Butajira, SNNPR, Ethiop. J. Health Dev. 2009; 23(2):148-153
17. Andargie G., Kassu A, Low prevalence of HIV infection, and knowledge, attitude and practice on HIV/AIDS among high school students in Gondar, Northwest Ethiopia Ethiop. J. Health Dev 2007; 21(2)

18. Kermyt G., Anderson, Ann M. et.al, HIV Risk Perceptions and First Sexual Intercourse Among Youth in Cape Town South Africa : International Family Planning Perspectives 2007 ; 33(3). 220.
19. M Yotebieng, CT Halpern, EMH Mitchell, AA Adimora, Correlates of condom use among sexually experienced secondary school male students in Nairobi, Kenya, journal of social aspects of HIV/AIDS March 2009;6(1)
20. Sarah N. Oshi¹, Frank O , Does Self-Perception of Risk of HIV Infection Make the Youth to Reduce Risky Behaviour and Seek Voluntary Counselling and Testing Services? A Case study of Nigerian Youth, J. soc.sci.,2007;14(2):195-203
21. Kibombo R., tella Neema S., Perceptions of risk to HIV Infection among Adolescents in Uganda: Are they Related to Sexual Behaviour?, Institute of Social Research, Kampala, Guttmacher Institute, New York . Afr J Reprod Health. 2007; 11(3): 168–181.
22. UNAIDS , Report on the global AIDS epidemic, fourth report, 200.
23. UNAIDS, 1997.
24. www.utwente.nl › [Home](#) › [Theory clusters](#) › [Health Communication](#) > Health belief model University of twente

ANNEX

Annex 1: Conceptual frameworks of HBM



Annex 2 : consent form

Hello! My name is I am here on behalf of Kiflu Abayerom, student of the School of Public Health in the University of Gondar. He is conducting a research for the partial fulfillment of second degree on "Perception and associated factors of High School Students towards Voluntary HIV Counseling and Testing, using Health Belief Model in Woldia. He has received permission from school of public health at university of Gondar, Woreda education office and respective high school and preparatory school directors to conduct this study.

The main part of the study involves collecting information from students like you. You were selected for the study because you students with the hope that you will cooperate with us. We are kindly requesting you to answer the questions that we have prepared for you.

We assure all information gathered during the course of the study will be kept completely confidential. All the information that you are going to deliver to us will be coded for anonymity. Only the principal investigator and the research assistants collecting the data will have access to the data.

Would you be willing to participate? Yes1 No2

Having been well explained and informed of the intentions and benefits of the study, I voluntarily consent to participate in the study.

Respondent	Sign.	Date
	_____	_____
Facilitator name	Sign.	Date
_____	_____	_____

Annexe 3 : Questionnaire

- Guide line**
1. Circle the answer you choose.
 2. Read the entire question carefully and give answer.

Section I. Socio-demographic characteristics

101	sex	1. Male 2. Female	
102	Age	_____ Yrs. 88.I don't know	
103	Marital status	1. Single 2. Married 3. Divorced 4.Others.specify	
104	If married, Age during marriage	_____ Yrs 88. I don't know	
105	Area of residence	1.Urban 2.Rural	
106	Religion	1. Orthodox 3. Protestant 2. Muslim 4. Catholic 5.No religion 6.Other specify_____	
107	Ethnicity	1 Amhara 2. Tigre 3. Oromo 4. Gurage 6.Other specify	
108	Educational Status	1. 9 3. 10+1 2. 10 4. 10+2	

Section II- Sexual behavior

	Ways of HIV transmission		
201	Can doing unsafe sexual intercourse transmit HIV?	1.Yes 2.No 88.I don't know	
202	Can HIV be transmitted by mosquito bite?	1.Yes 2.No 88.I don't know	
203	Can HIV be transmitted from pregnant mother to the fetus before birth?	1.Yes 2.No 88.I don't know	
204	Can HIV be transmitted from pregnant mother to the fetus during delivery?	1.Yes 2.No 88.I don't know	
205	Can HIV be transmitted from pregnant mother to the infant by breast-feeding?	1.Yes 2.No 88.I don't know	
206	Can shaking of hands transmit HIV?	1.Yes 2.No 88.I don't know	
207	Can taking meal together with	1.Yes 2.No	

	HIV positive individual transmit HIV?	88.I don't know	
208	Does healthy individual be carrier of HIV?	1.Yes 2.No 88.I don't know	
	Ways on HIV prevention		
209	By using condom regularly and properly	1.Yes 2.No 88.I don't know	
210	By abstains from sexual intercourse	1.Yes 2.No 88.I don't know	
211	By being faithful to partner	1.Yes 2.No 88.I don't know	
212	Have you learned about HIV/AIDS in the last 12 months?	1.Yes 2.No	
213	Have you ever watched about HIV/AIDS on television?	1.Yes 2.No	
214	Have you ever watched about HIV/AIDS In the school?	1.Yes 2.No	
215	Have you heard of male condom?	1.Yes 2. No	
216	Do you know the correct use (when, how to inset and discard) of condom?	1.Yes 2.No	
217	Do you know where condom is available?	1.Yes 2.No	
218	Can you mention where you can get condom?	1.Yes 2.No	
219	Have you heard of female condom?1	.Yes 2.No	
220	Have you ever had sexual intercourse	1. Yes 2.No 99. No response	If the answer is no skip to Q301
221	How old were you when you started sexual intercourse?	Age _____yrs 88. I don't know/I don't remember. 99. No response	
222	What was your reason for initiation of sex?	1.Personal desire 2. Peer pressure 3.Influence of alcohol 4. Coercion 5.Otherspecify_____ 88. I don't know/I don't remember. 99. No response	
223	Did you use condom when you made sexual intercourse for the first time?	1. Yes 2. No 88. I don't know/I don't remember. 99. No response	

224	If you don't use condom what was the reason?	1. It was not available. 2.It was expensive 3.I am ashamed of using 4.Because my friend disagree 5.Because of urgency 6.Fear to buy condom 7.I don't relay of using 8.I did not thought 9.Be cause of allergy 10.I believe my friend 11.Be cause I drank 12. I believe condom can transmit HIV. 13. Because I don't know how to use condom. 14. Because condom can reduce pleasure. 15.I want to give birth 16.Otherspecify_____ 88. I don't know/I don't remember. 99. No response	
225	Have you had sexual intercourse during the last 12-month?	1. Yes 2. No 99.No response	
226	Have you ever used a male condom while doing sex in the last 12 months?	1.Yes, usually 2.Yes,occasionally 3.No 88. I don't know/I don't remember 99. No response	
227	If you don't use condom what was the reasons?	1.It was not available. 2.It was expensive 3.I am ashamed of using 4.Because my friend disagree 5.Because of urgency 6.Fear to buy condom 7.I don't relay of using 8.I did not thought 9.Be cause of allergy 10.I believe my friend 11.Be cause I drank 12.I believe condom can transmit HIV. 13. Because I don't know how to use condom. 14. Because condom can reduce pleasure. 15.I want to give birth 16.Otherspecify_____ 88. I don't know/I don't remember. 99. No response	

Section III- Perception about HIV/AIDS infection

301	Are you at risk of getting HIV/AIDS?	1.strongly disagree 2.Disagree 3.Neutral 4.Agree 5.strongly agree	
302	Is it possible that you will get HIV/AIDS?	1.strongly disagree 2.Disagree 3.Neutral 4.Agree 5.strongly agree	
303	If you get HIV/AIDS will it destroy your future?	1.strongly disagree 2.Disagree 3.Neutral 4.Agree 5.strongly agree	
304	Is it likely that you will get HIV/AIDS?	1.strongly disagree 2.Disagree 3.Neutral 4.Agree 5.strongly agree	
305	Do you think you can get the virus?	1.Yes 2.No 88.I don't know	
306	What are your chances of getting infected with the HIV?	1.Nil 2.low 3.moderate 4.High 88.I don't know 99. No response	
307	If your answer is nil or low what are the reasons	1. I never had sexual contact 2. Abstained from sexual intercourse 3. I trust my sexual partner 4.I never used a needle used by other 5. I always use condom 6.I am healthy, no contact with HIV person 7.Otherspecify_____ 88. I don't know/I don't remember. 99. No response	
308	If your answer is moderate or high what are the reasons?	1. I had sexual contact with HIV Positive person 2.I had sexual intercourse with out condom. 3. I had sex with commercial sex worker 4. The condom I used was disrupted 5.Because I was injected with sharp materials. 88. I don't know/I don't remember. 99. No response	
309	Do you think that if you get HIV/AIDS it will destroy your future?	1.strongly disagree 2.Disagree 3.Neutral 4.Agree 5.strongly agree	
310	Is getting HIV a sure death sentence?	1.strongly disagree 2.Disagree 3.Neutral 4.Agree 5.strongly agree	
311	What do you think of getting HIV mean to you?	1.desperate of living hope/ Death sentence 2.Miserable life 3.It does mean nothing but can Live with productive life	

		4.other specify 88.I don't know 99.No response	
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Section IV- Knowledge and attitude related to VCT

401	Have you ever heard of voluntary HIV counseling and testing?	1.Yes 2.No	
402	What is the source of information if the answer is yes?	1.Radio 2.Television 3. Magazine 4.Health institution and profession 5.Friend 6.Neighbour 7.Other specify_____	
403	Do you feel that VCT is necessary?	1. Yes 2. No 88.I don't know	
404	Had you undergone VCT?	1. Yes 2. No	
405	When was the last time you underwent VCT?	1. 1year back 2. 1-2 year back 3. 2-4year back 4.4year back 5. I did not undergo 88.I did not know	
406	If you underwent VCT, what was your reason?	1. For marriage 2. To prevent the transmission of virus to the Fetus 3.To prevent the transmission to my friend. 4. To know my self. 88.I don't know 99.I don't know	
407	How much is important of getting VCT?	1. Very important 2. Moderately important 3 Neutral 4.Not important	
408	How much is easy to reach to get VCT?	1. Very Easy 2. Moderately Easy 3.Neutral 4.Not Easy	
409	Do you agree that getting an HIV VCT would let you know for sure whether Or not you are infected with HIV?	1. Strongly agree 2. Agree 3. Neither agrees nor disagrees 4.disagree 5.Strongly disagree	
410	How much is true that getting an HIV blood test in the near future would be reassuring if the test result is negative?	1. Very true 2. Somewhat true 3.Neither true nor untrue 4. Somewhat true 5. Very untrue	
411	How much is important that to know that you are infected with HIV?	1. Very important 2. Somewhat important 3. Not important 4. Somewhat true 5. Very untrue	
412	How much is helpful that to know that you are not infected with HIV?	1. Very helpful 2. Somewhat helpful 3. Neutral 4. Not helpful	

413	Do you agree that most people whom you respect think, “You should get an HIV blood testing in the near future?”	1. Strongly disagree 2. Disagree 3. Agree 4. Strongly Agree	
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414	Do you agree that that getting HIV blood test would provide safety for you Partner?	1. Strongly disagree 2. Disagree 3. Agree 4. Strongly Agree	
415	How much good that you providing safety for your partner would be?	1. Very good 2. Somewhat good 3. Not good 99. No response	
416	Does VCT help you to alleviate your anxiety	1. Strongly disagree 2. Disagree 3. Agree 4. Strongly Agree	
417	How likely is that getting an HIV blood test in the near future might mean you Would find out being test positive?	1. Very likely 2. Somewhat likely 3. Neither likely nor unlikely 4. Somewhat unlikely 5. Very unlikely	
418	By Whom do you prefer VCT be given?	1. By physician 2. By Nurse 3. By any trained counselor 4. By HIV patient 5. By religious leader 6. No need of counseling 88. I don't know 99. No response	
419	Which method of HIV testing you prefer?	1. Confidential, linked testing 2. Anonymous testing 88. I don't know 99. No response	
420	Which way do you prefer to obtain the HIV test result?	1. face to face 2. Secretive letter 3. Relative or partner 4. Telephone 88. I don't know 99. No response	
421	When do think that one should undergo VCT?	1. At any time 2. While felling sick 3. Pre marital 4. If have many sexual partner 88. I don't know 99. No response	
422	Are you willing to undergo voluntary HIV counseling or testing?	1. Yes 2. No	
423	Are you sure to use VCT in the future?	1. Strongly disagree 2. Disagree 3. Agree 4. Strongly Agree	
424	Are you willing to pay for VCT services?	1. Yes 2. No	
425	If yes, how much?	1. 1-10 birr 2. 11-20 birr 3. 21-30 birr 4. >31 birr	
426	If not willing to undergo VCT, what will be your reason?	1. Fear of stress due to the virus 2. Fear of stigma by the society 3. Lack of confidence on confidentiality.	

የስምምነት ውል ቅፅ

ጤና ይሰጥልኝ ስሜ _____ ይባላል። እዚህ የመጣሁት በጎንደር ዩኒቨርሲቲ የህብረተሰብ ጤና አጠባበቅ ትምህርት ቤት ተማሪ የሆኑትን አቶ ክፍሉ አባሮችን ወክሮ ነው። እርሳቸው ተማሪዎች የሁለተኛ ደረጃ እና መሰናዶ ት/ቤት ተማሪዎች በፈቃደኝነት ባይ ስስተመሰረተ የኤችአይቪ/ኤድስ የምክርና የምርመራ አገልግሎት ባይ ስላላቸዉ አመሰግናለሁ እና በ ተጓዳኝ ምክንያቶች ዙሪያ ምርምር/ጥናት እያካሄዱ ይገኛሉ። ለዚህ ምርምር የሚሆን ከጎንደር ዩኒቨርሲቲ የህብረተሰብ ጤና አጠባበቅ ት/ቤት ፣ከወረዳ ት/ት ጽ/ቤት፣ እንዲሁም ከወልድያ ከተማ ሁለተኛና መሰናዶ ት/ቤት ርዕሰ-መምህራን ፈቃድ አግኝተዋል።

የምርምር/ጥናቱ ዋና አካል የሆነው እንደ እርስዎ ካሉ የሁለተኛና መሰናዶ ት/ቤት ተማሪዎች መረጃ ለመሰብሰብ ነው። እርስዎ ለዚህ ጥናት የተመረጡት ለዚህ ጥናት መሳካት በከፍተኛ ሁኔታ ይተባበሩናል ብለን ስላመንን ነው። እኛ ለዚህ ጥናት የሚሆን አንዳንድ ጥያቄዎች አዘጋጅተናል፤ እርስዎ እነዚህን ጥያቄዎች በመመለስ እንዲተባበሩን በአክብሮት እንጠይቃለን።

በዚህ ጥናት ሂደት ውስጥ የሚሰበሰበው ማንኛውም ዓይነት መረጃ ሙሉ በሙሉ በሚስጥር የሚጠበቅ መሆኑን ልናረጋግጥልዎ እንወዳለን። እንዲሁም እርስዎ የሚሰጡን መረጃ ሌላ ሰው ሊያውቀው በማይችል መንገድ በሚስጥራዊ ቁጥር የተቀመጠ/የተመዘገበ ይሆናል። ከዋናው ተመራማሪ እና ከጥናቱ ረዳቶች በስተቀር ሌላ ማንኛውም ሰው የሰጡንን መረጃ ለማግኘት አይችልም።

በዚህ ጥናት ለመስተፍ ፈቃደኛ ነዎት?

አዎ-----1

አይደለሁም-----2

የጥናቱን ዓላማና ጥቅም በደንብ ተገንዝቤና አውቄ በዚህ ጥናት ለመሳተፍ በፈቃደኝነት ተስማምቻለሁ።

ተሳታፊ

ፊርማ

ቀን

የአስተባባሪው ስም

ፊርማ

ቀን

ክፍል 1: መሠረታዊና ማህበራዊ ጥያቄዎች

101	ዳታ	1. ወንጅ 2. ሴት	
102	እጽሢ	_____ እመት. 88. አሳውቀም	
103	የትዳር ሁኔታ	1. ያገባ 2. ያላገባ 3. የፎታ 4. ሲሳ/ ካስ ደገለድ-----	
104	በስተዳር ከሆነክ/ሽ ትዳር ስትመሰርት/ች ስንት እመትህ/ሽ ነበር	_____ እመት 88. አሳውቀም	
105	የመኖሪያ ቦታ	1. ከተማ 2. ገጠር	
106	እምነት	1. ቶርቸዶክስ 3. ፕሮቴስታንት 2. ሙስሊም 4. ካቶሊክ 5. እምነት የሰኝም 6. ሲሳ/ ካስ ደገለድ _____	
107	ብሄር	1 አማራ 3. ቶሮሞ 2. ትግል 4. ጉሩጌ 5. ሲሳ/ ካስ ደገለድ	
108	የትምህርት ደረጃ	1. 9ነኛ 3. 10+1 2. 10ነኛ 4. 10+2	

ክፍል 2- በ ቋንቋ ግንኙነት ባህርያት ዙሪያ

	በ ሴቶች ዘርፍ መተሳሰቢያ		
201	ካስ ሞንድሮ የገብረ ስጋ ግንገኝነት መፈጸም ሴቶች ዘርፍን ሲያስተሳስቡ ይቻላል?	1.አዎ 2.አያስተሳስቧም 88. አሳውቅም	
202	ሴቶች ዘርፍ በወጣ ግንኙ ሲተሳስቡ ይቻላል?	1.አዎ 2.አያስተሳስቧም 88. አሳውቅም	
203	ከ ወሲያ በፊት ሴቶች ዘርፍ/ሴታ ከ ነፍሰ ጡር ስካት ወደ ደንብ ሲተሳስቡ ይቻላል?	1.አዎ 2.አያስተሳስቧም 88. አሳውቅም	
204	በ ወሲያ ጊዜ ሴቶች ዘርፍ ከ ነፍሰ ጡር ስካት ወደ ደንብ ሲተሳስቡ ይቻላል?	1.አዎ 2.አያስተሳስቧም 88. አሳውቅም	
205	በ ጡት ማጥፋት ጊዜ ሴቶች ዘርፍ ከ ነፍሰ ጡር ስካት ወደ ደንብ ሲተሳስቡ ይቻላል?	1.አዎ 2.አያስተሳስቧም 88. አሳውቅም	

206	ከጅ መደባበሩ ሴቶስደቪን ሲደስተሳስበዋል ይቻላል?	1. አዎ 2. አደስተሳስቦም 88. አሳውቅም	
207	ቫይረሱ በደማቸው ከሚኖርባቸው ሰዎች ጋር በ አንድ ሳይ ምግብ መመገብ ሴቶስደቪን ሲደስተሳስበዋል ይቻላል?	1.አዎ 2.አደስተሳስቦም 88. አሳውቅም	
208	ጤናማ ሰው የሴቶስደቪ ተሽካሚ ሲሆን ይቻላል?	1.አዎ 2.አይቻልም 88. አሳውቅም	
	በሴቶስደቪ ሺ መከላከያ መንገዶች ዙሪያ		
209	ኮንዶምን በአግባቡና በጥንቃቄ መጠቀም	1. አዎ መከላከል ይቻላል 2. አይቻልም 88. አሳውቅም	
210	ግብረ ስጋ ግንኙነት ከ ማድረግ መቆጠብ	1. አዎ መከላከል ይቻላል 2. አይቻልም 88. አሳውቅም	
211	ሰዓዶች ታማኝ በ መሆን	1. አዎ መከላከል ይቻላል 2. አይቻልም 88. አሳውቅም	
212	ባስፋት 12 ምራት ስለ ሴቶስደቪ/ሴድስ ትምራቶች ስን	1. አዎ ተምረናል 2. አልተማርንም	
213	ሥለ ሴቶስደቪ/ሴድስ ጉዳይ በ ቴሌቪዥን ተመልክታችኋል?	1.አዎ 2. አልተመለከትንም	
214	በ ትምህርት ቤት ውስጥ ስለ ሴቶስደቪ/ሴድስ ጉዳይ ተመልክታችኋል?	1.አዎ 2. አልተመለከትንም	
215	ስለ ውንድ ኮንዶም ሰምተህ/ሽ ታወቀህ/ቂደሰሽ	1.አዎ 2. አልሰማሁም	
216	መቼ ስና አንዴት መጠቀም አንዲሁም ከተጠቀሙ በኋላ ስን ዴት እንደ ሚጣል ታወቃለህ /ቂደሰሽ?	1.አዎ 2.አሳውቅም	
217	ኮንዶም የት አንደሚገኝ ታወቃለህ /ቂደሰሽ?	1.አዎ 2.አሳውቅም	
218	ኮንዶም የት አንደሚገኝ ስትነግረን/ረን ትቻላለህ/ትቻለሽ?	1.አዎ 2.አልችልም	
219	ስለ ሴቶች ኮንዶም ሰምተህ/ሽ ታወቃለህ /ቂደሰሽ?	1.አዎ 2.አሳውቅም	
220	የግብረ ስጋ ግንኙነት ፎቶመህ/ሽ ታወቀህ/ቂደሰሽ	1. አዎ 2.አሳውቅም 99. መስለ የሰም	መስለ የሰም ከሆነ ወደ ጥያቄ 301 ይሂዱ
221	የግብረ ስጋ ግንኙነት በ ጆመርክበት/ሽበት ውቅት አድሚህ/ሽ ስንት ነበር?	አድሚ _____ ስመት 88.አሳውቀውም/አሳስታውሰውም	

		99. መሰረት የሰሞ	
222	የግብረ ስጋ ግንኙነት ስመፈጸም ያነሳሳህ/ሽ ምክንያት ምን ነበር?	1. የግሰ ፍሳሳት 2. በጓደኛ ግፊት 3. በስልክ/ቪዲዮ በ መገፋፋት 4. በ መገደድ 5. በሴባ/ካስ ደገሰድ _____ 88. ስላዉቀዉም/ስላስታዉስም 99. መሰረት የሰሞ	
223	ስመጽመሪያ ጊዜ የግብረ ስጋ ግንኙነት ስትፈጽም/ሚ ኮንዶም ተጠቅመህ/ሽነበር?	1. ስም 2. ስለተጠቀምኩም 88. ስላዉቀዉም/ስላስታዉስም 99. መሰረት የሰሞ	
224	ኮንዶም ካስተጠቀምክ/ሽ ምክንያቱ ምን ነበር?	1. ስለ ስለነበረ. 2. ዉድ ስለነበረ 3. መጠቀም ስለምፈራ 4. ጓደኛዬ ስለስልተኩማማ 5. ስለቸኪድ ስለነበር 6. ስመግዛት ስለፈራሁ 7. በመጠቀም ስለማስመካ 8. ስለስላስብኩት 9. በስልጅ ምክንያት 10. ጓደኛዬን ስለማምነዉ 11. መጠጥ ስለጠጣሁ 12. ኮንዶም ሴቶችደሺን ያስተሳስፋል ብዬ ስለማምነ. 13. ኮንዶምን ስንዴት ስንደምጠቀም ስለማሳዉቅ. 14. ኮንዶም ስሜትን ስለሚቀንስ 15. ሲጅ መዉሰድ ስለፈለኩ 16. በሴባ/ካስ ደገሰድ _____ 88. ስላዉቀዉም/ስላስታዉስም 99. መሰረት የሰሞ	
225	ባስፍት 12 ወራት የግብረ ስጋ ግንገኙነት ፈጽመህ/ሽ ታዉቃሰህ/ቂደሰሽ?	1. ስም 2. ስለፈጸምኩም 99. መሰረት የሰሞ	
226	ባስፍት 12 ወራት የግብረ ስጋ ግንገኙነት ስትፈጽም/ሚ የወንድ ኮንዶም ተጠቅመህ/ሽ ታዉቃሰህ/ቂደሰሽ?	1. ስም ሁሉጊዜ 2. ስም ስለፎ ስለፎ 3. ስለተጠቀምኩም 88. ስላዉቀዉም/ስላስታዉስም 99. መሰረት የሰሞ	
227	ካስተጠቀምክ/ሽ ምክንያቱ ምን ነበር?	1. ስለ ስለነበረ. 2. ዉድ ስለነበረ 3. መጠቀም ስለምፈራ 4. ጓደኛዬ ስለስልተኩማማ 5. ስለቸኪድ ስለነበር	

		6. ሰሙንዛት ስብረቶች 7. በመጠቀም ስለሚሰሙክ 8. ስለሰላሰብኩት 9. በአጠቃላይ ምክንያት 10.ፃ ደኛዮን ስለሚመነጩ 11 .መጠኑ ስለመጣሉ 12. ኮንዶም ኤችአይቪን ያስተሳስፋል ብዬ ስለሚመነጩ. 13. ኮንዶምን ስንዴት ስንደምጠቀም ስለሚሳጩ. 14. ኮንዶም ስሜትን ስለሚቀንስ 15. ሰጅ መውሰድ ስለፈለግኩ 16. በሴባ/ካስ ደገሰድ _____ 88. ስላጩቀጩም/ስላስታጩለኝም 99. መሰለኝ የሰም	
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ክፍል 3- ስለ ኤችአይቪ/ኤድስ የሚመሰክሩት(የግንዛቤ) ሁኔታ

301	ኤችአይቪ/ኤድስ የተጓደኛ/ሽ ነህ	1. በጣም ስለስማማለሁ 2. ስለስማማለሁ 3. ገሰጠተኛ (እርግጠኛ አይደለሁም) 4. ስለማማለሁ 5. በጣም ስለማማለሁ	
302	ኤችአይቪ/ኤድስ ሲደዝበኝ ይቻላል?	1. በጣም ስለስማማለሁ 2. ስለስማማለሁ 3.ገሰጠተኛ (እርግጠኛ አይደለሁም) 4 .ስለማማለሁ 5. በጣም ስለማማለሁ	
303	ኤችአይቪ/ኤድስ በደዝበኝ የወደፊት ተስፋህ/ፋሽን ያጠጋጠመዋል	1.በጣም ስለስማማለሁ 2.ስለስማማለሁ 3.ገሰጠተኛ (እርግጠኛ አይደለሁም) 4.ስለማማለሁ 5. በጣም ስለማማለሁ	
304	በኤችአይቪ/ኤድስ ስትደዝ/ሽ ትቻላለህ/ያለሽ?	1. በጣም ስለስማማለሁ 2 .ስለስማማለሁ 3. ገሰጠተኛ(እርግጠኛ አይደለሁም) 4. ስለማማለሁ 5. በጣም ስለማማለሁ	
305	ኤችአይቪ ይደዘኛል ብለህ/ሽ ታስባለህ/ቢያለሽ?	1. አዎ 2. አሳስብም 88. ስላጩቀም	
306	በኤችአይቪ የመደዝ ስድስት/ሽ ምን ያህል ነው ?	1.ምንም 2.ትንሽ 3.መካከለኛ 4.ከፍተኛ 88. ስላጩቀም 99. መሰለኝ የሰም	
307	መሰለኝ/ሽ ምንም ከሆነ ምክንያትህ/ሽ ምንድን ነው.	1. የግብረ ስጋ ግንኙነት በፈጽሞ ስላደርግም 2. ከግብረ ስጋ ግንኙነት ስታቀጥሰሁ 3. ጓደኛዮን ስምንቀሰሁ 4. ሴቶች በተጠቀሙብት መርፌ ስለጠቀምም 5. ሁለጊዜ ኮንዶም ስለጠቀማለሁ 6. ጠሕኔ ጤነኛ ነኝ በቫይረሱ ከተያዘ ለዚህ ጋር ግንኙነት የለኝም 7. ሴባ/ ካስ ደገሰድ _____	

		88. ስላሳውቀውም/ስላስታውስም 99. መሰረት የሰም	
308	መሰረት/ሽ መካከለኛ ወይም ከፍተኛ ከሆነ ምክንያት/ሽ ምን ነበር	1. ሻይረሱ በደሙ ውስጥ ስንዳስ ከተረጋገጠበት ስዉ ጋር ግንኙነት በማድረግ ነዉ. 2. ካስ ኮንዶም ግንኙነት ስለፈጸመኩ ነዉ. 3. ከሌተገኛ ስዳሪ ጋር ግንገኙነት ስለሰደረኩ ነዉ. 4. የተጠቀሙኩበት ኮንዶም ተቀዶ ስለነበር ነዉ. 5. ሹሰ ነገር ወግቶኝ ስለነበር ነዉ. 88. ስላሳውቀውም/ስላስታውስም 99. መሰረት የሰም	
309	ኢችሰደቢ/ኢድስ ቢደዝህ/ሽ የወደፊት ተስፋየን/ፋሽን ያጨፈመዋሰ ብሰህ/ሽ ታስባሰህ/ቢደሰሽ	1. በጣም ስለስማማም 2. ስለስማማም 3. ገሰሰተኛ (እርግጠኛ ስደደሰሁም) 4. ስለማማሰሁ 5. በጣም ስለማማሰሁ	
310	በኢችሰደቢ መደዝ የሞት እርግጠኛ ፍርድ ነዉ.	1. በጣም ስለስማማም 2. ስለስማማም 3. ገሰሰተኛ (እርግጠኛ ስደደሰሁም) 4. ስለማማሰሁ 5. በጣም ስለማማሰሁ	
311	በኢችሰደቢ መደዝ ማስት ሳንተ/ቶ ምን ማስት ይመስረዋል/ሻሰ ?	1. ተስፋ መቀረጥ/ ሞት መፍረድ 2. ስለቃቂ(የመክራ) ኑር 3. ምንም ማስት ስደደሰም፣ጠናማ ህደወት ሲኖረ ይችላሉ 4. ሴሳ/ ካስ ይገሰዩ _____ 88. ስላሳውቀውም/ስላስታውስም 99. መሰረት የሰም	

ክፍል 4- በበጎ ፈቃደኝነት ሳይ ስለተመሰረተ የኢችሰደቢ/ኢድስ የምክርና የምርመራ ስገሰግሱት ዙሪያ ስዉቀትና ዝንባሴን የተመሰከተ

401	በ ፈቃደኝነት ሳይ ስለተመሰረተ የኢችሰደቢ/ኢድስ የምክርና የምርመራ ስገሰግሱት ስምተህ/ሽ ታዉቃሰህ/ቂደሰሽ	1. ስም 2. ስለስማሁም	
402	መሰረት/ሽ ስም ከሆነ የመረጃ ምንጩ ከየት ነዉ ?	1. ፊድዮ 2. ቴሌቪዥን 3. መጽሔት 4. ከ ጤና ድርጅትና ከጤና ባለሙያ 5. ከጓደኛ 6. ከጎረቤት 7. ሴሳ/ ካስ ይገሰዩ _____	
403	በ ፈቃደኝነት ሳይ የተመሰረተ የኢችሰደቢ/ኢድስ የምክርና የምርመራ ስገሰግሱት ይጠቀማል ብሰህ/ሽ ታስባሰህ/ቢደሰሽ?	1. ስም 2. ስደጠቀምም 88 . ስላሳውቀውም	
404	የኢችሰደቢ/ኢድስ የምክርና ስገሰግሱትን ተጠቅመህና ምርመራ ስድርገህ/ሽ ታዉቃሰህ/ቂደሰሽ?	1. ስም 2. ስላውቀውም	
405	ስመጨረሻ ጊዜ የኢችሰደቢ ምርመራ	1. ከስንድ ስመት በፊት	

	ደደረከዉ /ደደረግሽዉመቼ ነበር?	2. ከ ሁለት ሶስት ስመት በፊት 3.ከሁለት-ስራት ስመት በፊት 4. ከስራት ስመት በፊት 5. ምርመራ ስላደረኩም 88.ስላዉቀዉም	
406	ምርመራ ስድርገህ/ ሽ ከነበር ምክንያትህ/ሽ ምን ነበር?	1. ሲጋብቻ 2. ቫደረሱ ወደ ጽንሱ ስንዳደተሳስፍ 3. ቫደረሱ ወደ ንደኞቹ ስንዳደተሳስፍ ስመከሳከስ. 4. ስራሴን ሰማወቅ. 88. ስላዉቀም 99. መሰስ የሰም	
407	የምክር ስገሰገሱት ማግኘትና ምርመራ ማድረግ ምን ያህል ይጠቀማል?	1. በጣም ይጠቀማል 2.በመካከለኛ ይጠቀማል(ከሞላ ጎደስ) 3. ስርገጠገኛ ስደደሰሁም 4. በጣም ስይጠቀምም	
408	የምክር ስገሰገሱትን ሰማግኘትና ምርመራ ሰማድረግ ምን ያህል ቀሳስ ነዉ?	1.በጣምቀሳስ 2. በመካከለኛ(ከሞላ ጎደስ) 3. ስርገጠገኛ ስደደሰሁም 4.ቀሳስ ስደደሰም	
409	የሴቶስደሺ የምክር ስገሰገሱት ማግኘትና ምርመራ ማድረግ በ ሴቶስደሺ ሰመድዝህ/ሽ ና ሳስመድዝህ/ሽ በስርገጠገኝነት ሲያሳዉቀህ/ሽ ይችላል?	1. በጣም ስስሰማማም 2. ስስሰማማም 3.ገሰሰተኛ (ስርገጠገኛ ስደደሰሁም) 4. ስስማማሰሁ 5.በጣም ስስማማሰሁ	
410	የሴቶስደሺ ምርመራ ስድርገህ/ሽ ዉጤቱ ነዳ ሆኖ ብታገኘዉ/ገኘዉ ምን ያህል ስዉነት ነዉ ትሳሰህ/ትደሰሽ ?	1. በጣም ስዉነት 2. ከሞላ ጎደስ ስዉነት ስደሆንም 3. ስዉነት ሲሆንም ሳይሆንም ይችላል 4. ከሞላ ጎደስ 5. በጣም ስዉነት ስደሆንም	
411	በሴቶስደሺ መድዝህን ማወቅ ምን ያህል ስስራሳጊ ነዉ?	1. በጣም ይጠቀማል 2. በመጠኑ ይጠቀማል 3. ምንም ስይጠቀምም 88. ስላዉቀዉም	
412	በሴቶስደሺ ስስመድዝህን ማወቅ ምን ያህል ይጠቀማል?	1.በጣም ይጠቀማል 2.በመጠኑ ይጠቀማል 3. ስኔ ስንጃ 4.ምንም ስይጠቀምም	
413	በጣም የምታከብራቸዉ ሰወቶ ሴቶስደሺ ተመርመር ቢሉህ ትስማማሰህ?	1. በጣም ስስሰማማም 2. ስስሰማማም 3. ስስማማሰሁ 4. በጣም ስስማማሰሁ	

414	የኢችሕደቢ ምርመራ ማግኘት ስጋደኛህ/ሽ ደህንነት ጥሩ ነዉ ?	1. በጣም ስለሰማላም 2. ስለሰማላም 3. ስለሰማላም 4. በጣም ስለሰማላም	
415	ስጋደኛህ ደህንነት ማሰቡ ምን ያህል ጥሩ ነዉ?	1. በጣም ጥሩ 2. ከሞላ ጎደል ደህና ነዉ 3. ጥሩ ስደደሰም 99. መልስ የለም	
416	በፈቃደኝነት ሳይ የተመሰረተ የኢችሕደቢ የምክር ስገልግሎትና ምርመራ ፍርዳትን ደቀንሳለን	2. በጣም ስለሰማላም 2. ስለሰማላም 3. ስለሰማላም 4. በጣም ስለሰማላም	
417	በቀርብ የኢ ችሕደ ቢ ደም ምርመራ ብታደርግ/ጊቫደረሱ በደሜ ዉስጥ የመገኘ ስጋጣሚ ደኖራል ብለህ/ሽ ታስባለህ/ቢያስሽ?	1. በጣም ስለባለሁ 2. በመጠኑ 3. ሳስብም ሳሳስብም ስቸሳለሁ (ስኔ ስንጃ) 4. በመጠኑ ስሳስብም 5. በጣም ስሳስብም	
418	በፈቃደኝነት ሳይ የተመሰረተ የኢችሕደቢ ምርመራ በ ማን ቢሰጥ ትመርጣለህ/ጫስሽ?	1. በሃኪም 2. በነርስ 3. በማንኛዉም በሰለጠነ ሰማካሪ 4. በ ኢችሕደቢ ህሙማን 5. በሃይማኖት መሪ 6. ምክር ስደደሰም 88. ስላዉቀም 99. መልስ የለም	
419	የትኛዉን የምርመራ ዘዴ ትመርጣለህ/ጫስሽ?	1. ሚስጥሩ የተጠበቀ ምርመራ 2. ስም(ማንነት)ሳይገለጽ መመርመር 88. ስላዉቀም 99. መልስ የለም	
420	የኢችሕደቢን የምርመራ ዉጤቱን በየትኛዉ መንገድ ብታገኝ ትመርጣለህ/ጫስሽ?	3. ፊትሰፊት 2. በሚስጥራዊ ደብዳቤ 3 .ቅርብ በሆነ ወደንም በጎደኛ 4 .በስልክ 88. ስላዉቀም 99. መልስ የለም	
421	ስንድ ሰዉ የኢችሕደቢ ምርመራ ማድረግ ያስበት መቼ ነዉ ብለህ ታስባለህ/ቢያስሽ?	1. በማንገኛዉ ምጊዜ 2. ሲታመም 3. ከጋብቻ በፊት 4. ብዙ ጓደኞች ካሉት(ከብዙ ሰወች ጋር የግብረሰጋ ግንኙነት የሚፈጽም ከሆነ) 88. ስላዉቀም 99. መልስ የለም	
422	ስንተ/ቸ የኢችሕደቢ ምርመራ ሰማድረግ ፈቃደኛ ነህ/ሽ?	1. ስዎ 2. ስደደሰሁም	
423	ወደፊትስ ምርመራ ሰማድረግ ስርገጠኛ ነህን?	1. በጣም ስለሰማላም 2. ስለሰማላም 3. ስለሰማላም 4. በጣም ስለሰማላም	
424	በኢችሕደቢ የምርመራ ስገልግሎት ሰመክፈል ፈቃደኛ ነህ/ሽ?	1. ስዎ 2. ስደደሰሁም	
425	መልሱ ስዎ ከሆነ, ስንት ?	1.1-10 ብር 2.11-20 ብር	

		3. 21-30ብር 4. >31ብር	
426	ስመክፌስ ፊቃደኛ ካስሆንክ/ሽ ምክንያትህ/ሽ ምን ነበር?	1.በቫደረሱ ምክንያት ፍርዳት ስለሚኖርብኝ 2 .በህብረተሰቡ መገስሰን ስለምፈራ 3.ሚሰጥፊ ስመጠበቁ በራስ መተማመንን ማጣት. 4. ሰውቀቱ ስላስነበረኝ. 5. ዉድ ስለሚሆን. 6. የግብረ ስጋ ፊደላዊ ስለማሳቅ 7. ስኔ ስደጋ ሳዶ ነኝ ብዬ ስለማሳስብ 8. ስገሰገሱትን የሚሰጥ ስለሴስ. 88 .ስላዉቅም 99. መሰስ የለም	
427	የሴቸሰደሺ የምርመራ ስገሰገሱት በነዳ ቢሰጥ ምርመራ ሰማድረግ ፊቃደገኛ ነህ/ሽ?	1. ስዎ 2. ስዶደሰሁም 88.ስላዉቅም	
428	በስካባቢህ/ሽ የሴቸሰደሺ የምርመራ ስገሰገሱት የሚሰጥ ድርጅት ስለ?	1. ስዎ 2. ስዶደሰሁም 88.ስላዉቅም	
429	በስካባቢህ/ሽ የሴቸሰደሺ የምርመራ ስገሰገሱት የሚሰጥ ድርጅት ቢኖር ምርመራዉን ሰማድረግ ምን ያህል ፍላጎት ስለህ/ሽ?	1. በጣም ስፈሰጋለሁ 2. በመጠኑ 3. ሲሆንም ሳዶሆንም ዶቸሳስ (ስኔ ስንጃ) 4. በመጠኑ ስለፈሰግም 5. በጣም ስለፈሰገዉም	

አመሰግናለሁ፡፡

Annex 4: Information Sheet and Consent Form

Title of the Research Project

Perception and associated factors of High School Students towards Voluntary HIV Counseling and Testing, using Health Belief Model in Woldia town, North wollo zone, Amhara national regional state, North east Ethiopia

Name of Principal Investigator: Kiflu Abayerom

Name of the Organization: School Of Public Health, Gondar College of Medicine and Health Sciences, University of Gondar

Name of the Sponsor: Amhara National regional state Health bereu, bahir dar, Ethiopia

Information sheet and consent form prepared for secondary and preparatory students in Woldia town who are going to participate in this Research Project.

Introduction

This information sheet and consent form is prepared with the aim of explaining the research project that you are asked to join by the group of research investigators. The main aim of the research project is to assess Perception and associated factors of High School Students towards Voluntary HIV Counseling and Testing in woldia town. The research group includes principal investigator, data collectors, Supervisors, and advisosr from University of Gondar.

Purpose of the Research Project

The aim of this study is to assess Perception and associated factors of High School Students towards Voluntary HIV Counseling and Testing, using Health Belief Model Assessing Perception and associated factors towards Voluntary HIV Counseling and Testing will help to design appropriate intervention programs to address HIV/AIDS health problems. The results of this study will be used by program managers, policy makers and other concerned bodies to design appropriate intervention programs to address the Voluntary HIV Counseling and Testing among high and preparatory school students.

Procedure

The study involves students in secondary and preparatory school. you are selected to be one of the study participants if you are willing to take part in this study and we are kindly invite you to take part in our project. If you are willing to participate in our project we are so happy and we need you to clearly understand the aim of this study and to sign the consent form. Finally you are kindly requested to give your genuine response in the self administered questionnaire

Risk and /or Discomfort

By participating in this research project you may feel some discomfort in wasting your time (a maximum of 30 minutes) .However, your participation is definitely important to identify the determinant factors for the use and not use of Voluntary HIV Counseling and Testing by students. so as to design appropriate prevention strategy of HIV/AIDS in school settings.

Benefits

If you are participating in this research project, there may not be direct benefit to you but your participation is likely to help us in showing the gaps about perceptions and associated factors of VCT by the students.

Incentives/Payments for Participating

You will not be provided any incentives or payment to take part in this project.

Confidentiality

The information collected from you will be kept confidential and stored in a file, without your name by assigning a code number to it. And hence no report of the study ever identifies you.

Right to Refusal or Withdraw

You have the full right to refuse from participating in this research. You can choose not to response some or all the questions and this will not affect you from getting any kind services in your school. You have also the full right to withdraw from this study at any time you wish, without losing any of your right.

Person to contact

This research project will be reviewed and approved by the ethical committee of the University of Gondar. If you have any question you can contact any of the following individuals and you may ask at any time you want.

1. Ato Kiflu Abyerom : Woldia Nursing School
Mobile: 09-11-53-81-16
2. Ato Telake Azale: University of Gondar
3. Ato Mamo Wubshet

የመረጃና የስምምነት ውል ቅፅ

የምርምር/ጥናቱ ርዕስ

በሰሜን ወሎ ዞን ፤ በወልድያ ከተማ፤ የሁለተኛ ደረጃ እና መሰናዶ ት/ቤት ተማሪዎች በፈቃደኝነት ላይ ስለተመሰረተ የኤችአይቪ/ኤድስ የምክርና የምርመራ አገልግሎት ላይ ስላላቸው አመለካከት እና በ ተጓዳኝ ምክንያቶች ዙሪያ መዳሰስ፡፡

የዋና ተመራማሪው ስም፡ ክፍሉ አባዩሮም

የድርጅቱ ስም፡ በጎንደር ዩኒቨርሲቲ ህክምናና ጤና ሳይንስ ኮሌጅ

የህብረተሰብ ጤና አጠባበቅ ት/ቤት

ወጪውን የሚሸፍነው፡ የአማራ ጤና ጥበቃ ቢሮ፣ ባህር ዳር፤

የሁለተኛ ደረጃ እና መሰናዶ ት/ቤት ተማሪዎች በፈቃደኝነት ላይ ስለተመሰረተ የኤችአይቪ/ኤድስ የምክርና የምርመራ አገልግሎት እና በ ተጓዳኝ ምክንያቶች ዙሪያ ስላላቸው አመለካከት ዳሰሳ በሚለው የምርምር ፕሮጀክት ላይ ተሳታፊ ለሚሆኑ ተማሪዎች የተዘጋጀ የመረጃና የስምምነት ውል ቅፅ፡፡

መግቢያ

ይህ የመረጃና የስምምነት ውል ቅፅ የተዘጋጀው እርስዎ ተሳታፊ እንዲሆኑ በተጋበዙበት በምርምር ቡድኑ የሚካሄደውን ጥናት አላማ በተመለከተ መግለጫ ለመስጠት ነው፡፡ የምርምር ፕሮጀክቱ ዋና ዓላማ የሁለተኛ ደረጃ እና መሰናዶ ት/ቤት ተማሪዎች በፈቃደኝነት ላይ ስለተመሰረተ የኤችአይቪ/ኤድስ የምክርና የምርመራ አገልግሎት እና ተጓዳኝ ምክንያቶችን ማጥናት ነው፡፡ የምርምር ቡድኑ ዋና ተመራማሪው፣ የሰለጠኑ መረጃ ሰብሳቢዎችን፣ ተቆጣጣሪችን እንዲሁም አማካሪዎችን ከጎንደር ዩኒቨርሲቲ ያካተተ ነው፡፡

የጥናት ፕሮጀክቱ የሚካሄድበት ምክንያት

የጥናቱ ዓላማ የሁለተኛ ደረጃ እና መሰናዶ ት/ቤት ተማሪዎች በፈቃደኝነት ላይ ስለተመሰረተ የኤችአይቪ/ኤድስ የምክርና የምርመራ አገልግሎት እና በ ተጓዳኝ ምክንያቶች ዙሪያ ስላላቸው አመለካከት ማጥናት ነው፡፡ ይህ ጥናት በወጣቶች ላይ ኤችአይቪ/ኤድስ እያስከተለ ያለውን ችግር ለማስገንዘብና ትክክለኛ የሆነ የመፍትሄ ዉጥን ለመቅረብ ይረዳል ፡፡ በተጨማሪም የችግሩ መኖር(አለመመርመር) መሠረታዊ የሆኑ ምክንያቶችን ለመለየት ይረዳል፡፡ የጥናቱ ግኝት ችግሩን ለመፍታ በተለይም ደግሞ ጥናት በሚካሄድበት ቦታ፣ ትክክለኛ የሆነ የመፍትሄ አቅጣጫ ለመቅረብ እንደመነሻ መሠረት ያገለግላል፡፡

አተገባበር

ይህ ጥናት የሁለተኛ ደረጃ እና መሰናዶ ት/ቤት ተማሪዎችን የሚያካትት ሲሆን እናንተ የተመረጣችሁት በእጣ በመሆኑና በጥናቱ ሊይ ይተባበሩናል ብለን ስላመንን ነው። እርስዎ በዚህ ጥናት ለመሳተፍ ፍቃደኛ የሚሆኑ ከሆነ ተሳታፊ በመሆንዎ በጣም ደስተኞች ስንሆን እርስዎ የጥናቱን ዓላማ በግልፅ እንዲረዱ እና የስምምነት ውሉን እንዲፈጽሙልን እንፈልጋለን። በዚህ መሰረትም በመረጃ ሰብሳቢዎቹ የሚሰጠውን መጠይቅ በመሙላት እንዲተባበሩን በአክብሮት እንጠይቃለን።

ሊገጥም የሚችል ችግርና/ወይም አለመመቻት

በዚህ ጥናት ተሳታፊ በመሆንዎ ምንም አይነት ጉዳት አይደርስብዎትም። መጠይቁን ለመሙላት ቢበዛ ከ 30_40 ደቂቃ ይወስድብዎታል። የሁለተኛ ደረጃ እና መሰናዶ ት/ቤት ተማሪዎች በፈቃደኝነት ላይ ስለተመሰረተ የኤችአይቪ/ኤድስ የምክርና የምርመራ አገልግሎት ስላላቸዉ አመለካከት እና በተጓዳኝ ምክንያቶች ዙሪያ ማጥናት አስፈላጊ በመሆኑና የምትሰጡትም መልስ ወደፊት ለሚደረጉ ምርምሮችና የመከላከል ስልት ለመንደፍ ትልቅ አስተዋጽኦ ስለሚያደርግ ጊዜዎን ሰጥተዉ መጠይቁን መሙላትዎ ተገቢና አስፈላጊ ይሆናል።።።

ጥቅሞች

እርስዎ በዚህ ጥናት ተሳታፊ በመሆንዎ በቀጥታ ሊያገኙት የሚችሉት ጥቅም ባይኖርም የእርስዎ ተሳትፎ የሁለተኛ ደረጃ እና መሰናዶ ት/ቤት ተማሪዎች በፈቃደኝነት ላይ ስለተመሰረተ የኤችአይቪ/ኤድስ የምክርና የምርመራ አገልግሎት ስላላቸዉ አመለካከት እና በተጓዳኝ ምክንያቶችን ለመለየት ይጠቅማል

ለመሳተፍ ጥቅማጥቅም

እርስዎ በዚህ ጥናት ተሳታፊ በመሆንዎ ምንም ዓይነት ማበረታቺያ ወይም ክፍያ አይሰጥዎትም።

ምስጢራዊነት

የዚህ የጥናት ፕሮጀክት የሚሰበሰበው መረጃ የግል ጉለዶችሁን ያካተተ በመሆኑ ማን ምን መልስ እደቀሰጠ/ች ሚስጥር እንዲሆን ጥንቃቄ ተደርጎበታል። ለዚህም ሲባል በመጠይቁ ላይ ስምም ሆነ የመታወቂያ ቁጥር መጻፍ አይፈለግም።

ከጥናቱ ያለመሳተፍ ወይም የማቋረጥ መብት

በዚህ ጥናት ያለመሳተፍ ሙሉ በሙሉ የተጠበቀ መብት አለዎት። ለጥያቄዎቹ በሙሉም ሆነ በከፊል መልስ ያለመስጠት መብት አላችሁ። ይህ ደግሞ ማንኛውም ዓይነት በት/ቤቱ የሚሰጡ ግልጋሎቶችን ከማግኘት የሚያግድዎት አይሆንም። እንዲሁም በማንኛውም በፈለጉ ሰዓት ማንኛውንም መብትዎን ሳያጡ የማቋረጥ ሙሉ መብት አለዎት።

ሊገናኙዎቸው የሚችሉ ሰዎች

ይህ የምርምር ፕሮጀክት በጎንደር ዩኒቨርሲቲ የስነ ምግባር ኮሚቴ ተከልሶ የሚፀድቅ ይሆናል። የበለጠ መረጃ ማግኘት የሚፈልጉ ከሆነ ኮሚቴውን በሚከተለው አድራሻ ማግኘት ይችላሉ። የትኛውም ዓይነት ጥያቄ ሲኖርዎት ከዚህ ቀጥሎ የተጠቀሱትን ግለሰቦች ማግኘትና በማንኛውም ጊዜ መጠይቅ ይችላሉ።

1. አቶ ክፍሉ አባዩርም ወልድያ ነርሲንግ ትምህርት ቤት

ስልክ: 09-11 53 8116

2. አቶ ተላክ አሣለ: ጎንደር ዩኒቨርሲቲ

ስልክ : 09-18-77-19-51

3. አቶ ማሞ ዉብሽት

Annex 5: Assurance of the investigator

The undersigned agrees to accept responsibility for the scientific, ethical and technical conduct of the research project and for provision of required progress reports as pre terms and conditions of the research and publications office of the university.

Name of the student: _____

Date: _____ Signature _____

Approval of the advisors

Advisors:

Name	signature	Date
1. _____	_____	_____
2. _____	_____	_____